

# REQUEST FOR **CVS TASM** ACCESS FORM

DATE:

**To:** Security Maintenance Office  
DEERS/RAPIDS  
1600 North Beauregard Street  
Alexandria, Virginia 22311

**FAX NUMBER:** (703) 578-5198

**EMAIL:** [fielddiel@osd.pentagon.mil](mailto:fielddiel@osd.pentagon.mil) (PLEASE SEND DIGITALLY SIGNED AND ENCRYPTED)  
[davisds@osd.pentagon.mil](mailto:davisds@osd.pentagon.mil)

**SUBJECT:** Request for Database Access Add(s), Deletion(s), or Change(s)

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**SITE ID:**  
(FILL IN SIX DIGITS)

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## NEW TRUSTED AGENT SECURITY MANAGER (TASM):

RANK/GRADE	NAME (LAST, FIRST, MI)	SSN
TITLE	*MAILING ADDRESS	PHONE (COMM/DSN)

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## REQUEST THE INDICATED ACTION BE TAKEN FOR THE FOLLOWING INDIVIDUALS:

ACTION LOCATION	NAME (LAST, FIRST, MI)	SSN
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(ADD, DELETE, OR CHANGE)

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SIGNATURE

\*ALL SITE SECURITY MANAGER MAILING ADDRESS CHANGES SHOULD BE ENTERED IN THIS SPACE.

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REQUEST FOR DATABASE ACCESS FORM